Special Olympics Strong Minds

Strong Minds Mental Health Report

Special Olympics Health
MADE POSSIBLE BY Golisano FOUNDATION

Athlete's Name: **Date:**

Follow-up Recommended?

□ **Yes:** See below

□ **No:** No concerns were identified during today's Strong Minds screening. No additional follow-up is recommended.

Screening Results

Here are the results from today's Strong Minds screening:

□ **At-risk for possible mental health concerns** and additional follow up is recommended

□ **Not at-risk for possible mental health concerns** and additional follow up is *not* recommended

Referral Information

Program/Provider Type (Select all appropriate)	**Referral Type** (Select one)
□ Primary Care Provider	O **Non-Urgent:** Follow up within 4 weeks O **Urgent:** Follow up within 2 weeks *Reason(s) for referral:* _____
□ Psychiatrist	O **Routine Follow Up:** Continue routine care with a mental health professional O **Non-Urgent:** Follow up within 4 weeks O **Urgent:** Follow up within 2 weeks *Reason(s) for referral:* _____
□ Psychologist/ Counselor	O **Routine Follow Up:** Continue routine care with a mental health professional O **Non-Urgent:** Follow up within 4 weeks O **Urgent:** Follow up within 2 weeks *Reason(s) for referral:* _____
□ Other: _____	O **Non-Urgent:** Follow up within 4 weeks O **Urgent:** Follow up within 2 weeks *Reason(s) for referral:* _____